

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (exchange
(37 CFR 1.66(c))
required)

Attorney/Decker Number

First Named Inventor

Jimmie L. Johnston

COMPLETE & KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-LEVEL ACCOMMODATION UNIT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) (d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority/Not Claimed		Certified Copy Attached?	
			Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

The collection of information is required by 35 U.S.C. 119 and 37 CFR 1.56. The information is required to obtain or claim a benefit for the subject invention to be granted by the USPTO to process an application. Confidentiality is optional by 35 U.S.C. 122 and 37 CFR 1.14. This information is optional to make 21 months to examine, including gathering, processing, and submitting the completed application form to the USPTO. There will be no deduction from the statutory fee. Any documents or the amount of time you receive to complete this section is required for preparing this section, may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, 1400 Jefferson Avenue, Suite 1400, Alexandria, VA 22304-4400. NOT FOR RELEASE TO THE PUBLIC. (USPS Form 100-02) SEND TO: C. mmissi, for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-5959 and select option 7.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input style="width: 100px;" type="text"/>				OR <input checked="" type="checkbox"/>		Correspondence address below	
Name Jimmie L. Johnston							
Address 2078 Summerfield Drive							
City Castle Rock				State Colorado		ZIP 80104	
Country USA			Telephone (303) 619-5046			Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Jimmie L.				Family Name or Surname Johnston			
Inventor's Signature						Date	
Residence: City Castle Rock		State Colorado		Country USA		Citizenship US	
Mailing Address P.O. Box 365							
City Castle Rock		State Colorado		ZIP 80104		Country USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							